



# Request for Option 2 or 3 Pop-Up Increase

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442

## Section 1

Provide your full name and address and your current beneficiary information.

### Participant & Beneficiary Information

Name of Participant (First Name, Middle Initial, Last Name)		Social Security Number or CalPERS ID
Address		
City	State	ZIP

### Current Option 2 or 3 Beneficiary

Name of Beneficiary (First Name, Middle Initial, Last Name)	
Relationship to You	Date of Retirement (mm/dd/yyyy)

## Section 2

Please submit a copy of appropriate legal document, such as certified death certificate, marriage certificate, certificate of domestic partnership, or endorsed-filed court order with this application.

### Qualifying Events

Eligibility for Option 2 or 3 "Pop-Up" increase is based on one of the following events.

Indicate the event that applies.

☐ Death of current life option beneficiary (provide copy of the certified death certificate)

Name of Beneficiary (First Name, Middle Initial, Last Name)	Date of Death (mm/dd/yyyy)
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☐ Divorce, annulment, or legal separation from spouse or ex-spouse who is your life option beneficiary (provide copy of the endorsed-filed court order).

☐ divorce

☐ annulment

☐ legal separation

☐ Dissolution or termination of domestic partnership from domestic partner or ex-domestic partner who is your life option beneficiary (submit a copy of the endorsed-filed court order).

Date Effective (mm/dd/yyyy)

## Section 3

### Disclaimer of Benefit Request

☐ Check here to have CalPERS send you a ***Non-Spouse or Non-Domestic Partner Disclaimer of CalPERS Benefits*** form. Your non-spouse or non-domestic partner beneficiary can voluntarily disclaim entitlement to your option benefit. The form must be returned to CalPERS with your beneficiary's notarized signature and be approved by CalPERS before your monthly benefit amount is increased.

## Section 4

### Certification of Participant

I hereby certify under penalty of perjury that the foregoing information is true and correct.

Signature of Participant		Date (mm/dd/yyyy)
( )	( )	
Daytime Phone	Evening Phone	

Mail to:

CalPERS Benefit Services Division • P.O. Box 942711, Sacramento, California 94229-2711